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British Infertility Counselling Association

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Journal of Fertility Counselling

- BICA is the only professional association for infertility counsellors and counselling in the UK
- BICA seeks to promote the highest standards of counselling for those considering or undergoing fertility investigations and treatment
- BICA is committed to the total well-being of people with fertility problems before, during and after treatment and of those who choose not to undergo any kind of medical intervention

Editorial

Welcome to the spring edition of The Journal of Fertility Counselling. In this editon, we feature the latest news from your Executive Committee, as well as a range of updates on events and features which we hope you will find interesting and inspiring.

The issue of our ageing population is a hot topic at the moment, but the growing number of childless older people is often overlooked and we report on this.

For many fertility patients, coping with work and treatment can be a problem and we have an update on some new research on this.

Pregnancy loss can be particularly acute for childless women, and Amanda Sives writes about her research into this issue.

Liberty Walther Barnes has contributed a fascinating article on the subject of male infertiliy and the decision-making process around fertility treatment.

Elizabeth Walker has written for the Journal about the infertility art exhibition she curates. The exhibition, The Art of IF, allows people to express their feelings about fertility and treatment through art, and has toured across the United States.

Finally, details of the BICA AGM and Study Day are included in this edition of the Journal. An interesting and very informative day has been planned for you by your Executive Committee and I hope to see many of you there in May.

As always, we welcome letters, ideas for articles or your thoughts on items featured in the Journal so do get in touch and have your say!

Kate Brian, April 2015

people ageing without children e.g. that they will have wide circle of friends to support them, that they will have a higher disposable income, that they will age more healthily and be less likely to need services. We want to investigate these assumptions further to establish how far they are true and for what extent of people ageing without children.

- **2. Emotional support** - For people who are childless, coming to terms with a life without children can be very hard. The pain people feel about their childlessness can often re-surface when their contemporaries are becoming grandparents. We would like people to have a space where they can talk about this and other issues they have about ageing without children. The emotional aspects may vary whether people have chosen not be parents (childfree) or have not had the family they hoped for (childless).
- **3. Services and solutions** - There are some solutions and services for people ageing without children, notably Co-housing and Shared Lives. There are also many local services such as befriending, help at home, gardening schemes etc often run by charities. However many of these are small scale and under threat. We want to look at how more sustainable long term services can be established.
- **4. Campaigning** - Between us we have more than forty years knowledge of ageing policy and practice and in that time, we have never seen people ageing without children discussed in Government documents. We want to get the issue of people ageing without children recognised in both policy and practice.

We didn't expect to hit such a nerve so quickly but the issue was picked up by the radio and newspapers and we were asked to participate in the BBC Living Longer series.

We were also contacted by many people ageing without children saying that getting old and being frail and vulnerable without help and with noone to speak for them was their number one fear.

AWOC is unfunded and run on a part time voluntary basis. We are working to secure some funding so we can start to work on achieving our aims.

Our website is here www.awoc.org

You can email us at ageingwithoutchildren@gmail.com

SOLO women - a new agenda for ageing?

by Dr Trish Hafford-Letchfield (Associate Professor Social Work), Nicky Lambert (Associate Professor Mental Health), and Ellouise Long (Research Assistant), Middlesex University, London

There is a very diverse research agenda concerning ageing in our society and how different life trajectories impact on the lives and experiences of older people. One of the groups that we know least about are those women who are non-partnered and ageing without children. Little is currently known about the life trajectories of those whom we have termed 'solo' women, in relation to ageing. Any research that seeks to understand these women's support networks, social connectedness and personal relationships, needs and circumstance for example, remains sparse. Indeed, it is almost virtually impossible to pin down in any absolute terms what we mean by 'solo' women given that no bonds are unbreakable and attached forever within our liquid modern society (Bauman, 2003).

Relationship status, however, has a central significance within government policy and drives the way in which we frame the design and future provision of high quality care and support in later life. For example, those working directly with older people are often concerned to describe an older person's social and economic connections and personal and community networks.

Education, health or social welfare policies similarly make many assumptions about what makes a 'family', for example in relation to who is in it, what we expect from its members, their living arrangements; work patterns; financial security including inheritance; and the different roles that people take up in later life as family life shifts and changes. Caring is one of these important roles and we know older women are more often than not expected to take up caring roles in later life.

For SOLO women who may become vulnerable in later life or who may be living alone or living with people they are not able to call on, there may be some new thinking required about who their main carers will be. It is becoming apparent that with the rise in non-traditional family relationships due to so many different reasons including 'families of choice' (which is a term Weeks (2003) used and addresses women from the Lesbian, Gay, Bisexual, Transgendered and Queer community) that

there needs to be a more critical analysis of discourses and practices around support in later life previously associated with more traditional forms of the family, so that we can try and capture and describe contemporary forms of relationality, intimacy and personal life (see Edwards et al, 2012; Hicks, 2011 for a fuller discussion of these issues).

These important observations about gender expectations as part of the fabric of everyday life and the social nature of expectations of solo women in particular, should facilitate the deconstruction of ageing experiences so we can understand how policy and practices aiming to support successful ageing might need to develop and respond. Society itself also has to adjust to a very specific but also diverse group of women who may start to become more visible and there are many challenges how we think about social networks and relationships in society.

During the last year, we have been scoping some of these issues in a research study about Solo women and have been consulting women about how such a study might be designed so as to bring their needs and circumstances to the fore. So far we have looked at some of the data coming out of an annual national survey called the Household Panel Survey and the variables used to describe the position of SOLO women in the U.K. This has been challenging because many of the factors that define women in surveys, including marriage and children may not be relevant to SOLO women.

During 2014, we also conducted our own online survey using purposive sampling to identify the key characteristics of SOLO women and to consult them on the key questions for further enquiry. Data from the survey enabled us to hear from an interesting and engaging group of people, concerned about the societal stigma they experience. SOLO women spoke eloquently about their lives: feelings of loneliness and exclusion, worries about money and their health; but also of the positive contribution they make as part of community - as a group they were resilient and humorous.

There are a wide range of voices that can give us a picture of the experiences of SOLO women and we are taking care to include women who can be marginalised such as Black and Minority Ethnic and Lesbian, Gay, Bisexual and Transgender communities, and other women from a range of diverse backgrounds where class, disability and education may play an important part in their identity and whose voices are not always heard.

The final stage of the scoping study will involve face to face individual interviews gathering qualitative data on the issues and experiences of SOLO women who completed the survey and through outreach work into more hard to reach groups where SOLO women are not easily identified.

We have a small grant from Middlesex University School of Health and Education to help resource the interviews with women

which we hope to undertake in person, by Skype and by telephone, depending on the distances involved, what suits those women willing to be interviewed and our own ability to meet their interview needs.If you or any of your clients define yourselves as SOLO – by which we mean you are 50 years old plus, do not have a partner and do not have children and would like to be interviewed, we would really love to hear from you.

You can email Ellouise Long (E.Long@mdx.ac.uk) to express interest and we will provide you with some more detailed information. We are happy to answer any questions in the meantime (P.Hafford-Letchfield@mdx.ac.uk) and you may wish to follow us on Twitter @WomenGoingSolo.

This study has been approved by Middlesex University Ethics Committee and we are very open to comments and suggestions about this research agenda and particularly welcome comments on how to be as inclusive and supportive to SOLO women within the resources we have available.

References:

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Edwards, R., Ribbens McCarthy, J., and Gillies, V. (2012) 'The politicis of concepts; family and its (putative) replacements' British Journal of Sociology, vol 63, no 4, pp 730-746.

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Update from the HFEA

by Yuba Bessaoud

In the first of a new section from the regulator, HFEA Media and Stakeholder Relations Manager Yuba Bessaoud takes us through some of the vital work being done on consent, and some key points to keep in mind.

Consent - a background

Recently we've been updating our consent forms in light of last year's decision in the Beth Warren case, which many of you will remember. As regulator, sometimes the decisions we make aren't easy, and although we had real sympathy for Mrs Warren, we felt obliged to abide by what we understood to be the law around storage. However, the High Court found in favour of Mrs Warren. She was allowed to keep her deceased husband's frozen sperm, and we had to consider what the implications were. Seen positively, it was a chance to update our work in this area.

Informed consent is one of the core principles of all modern healthcare, and a key part of the legislation. Over the last few months, we have conducted workshops on consent with sector professionals in which key issues were discussed and legal advice given. These were productive sessions, held in time for 1 April 2015, when revised consent forms, and relevant Code of Practice clauses, will come into effect.

But, of course, it's not just clinicians who should be aware of these new rules. It is vitally important that patients and other clinic staff are aware of them too, because the better informed everyone is, the more smoothly the system will work. So here are a few helpful points to keep in mind*:

Consent to storage

Mrs Warren's case raised important questions about how licensed clinics obtain consent to storage and use, especially where it may be posthumous. We have amended our guidance to include more explicit requirements for clinics to provide clear information about maximum storage periods available. Clinics will make it clear to patients consenting to store their sperm, eggs or embryos that they should always state the total amount of time they are consenting to on the relevant consent form. They should also indicate which forms patients should use if they change their mind about how long to store for.

To facilitate this, the revised consent forms have been made easier for patients and clinic staff to use. The